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ABSTRACT

This guide is designed to assist principals in the supervision of special education programs in their schools. The first of seven papers, by Ann Schnepf and Linda DeClue, offers a general overview of supervisory practices pertaining to special education. Subsequent papers review specific categories of students with disabilities and the supervision of special education programs for those students. They include: "Learning Disabilities" (George Van Horn and Linda DeClue); "Emotional Disabilities" (George Van Horn); "Substantial Disabilities" (George Van Horn); "Physical Disabilities" (Ronald DiOrio); "Communication Disabilities" (L. Annette Carter and Elizabeth McCrea); and "Sensory Disabilities" (Ronald DiOrio). Each paper follows generally the same format, outlining program objectives, components of a quality program, definition of the disabling condition, identifying characteristics, best educational practices in relation to that disability; role of regular and special education teachers, what a principal should look for in a classroom for students with that disability, needs for related services and transportation services, and references. An appendix contains an outline of the key provisions of Public Law 94-142 (the Education for All Handicapped Children Act). (JDD)

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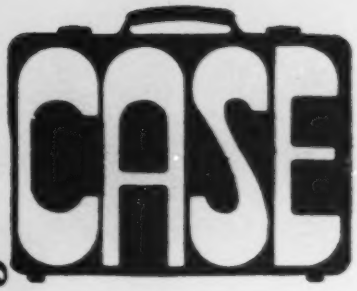

COUNCIL OF ADMINISTRATORS
OF SPECIAL EDUCATION,
INCORPORATED

A DIVISION OF THE COUNCIL FOR EXCEPTIONAL CHILDREN

THE PRINCIPAL'S BLUE BOOK ON SPECIAL EDUCATION

PART II: Principal Instructional Leadership and Supervisory Practices in Special Education Programs

INDIANA UNIVERSITY

Department of School Administration
Department of Special Education

1990/91

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REGULAR EDUCATION INITIATIVE

THE PRINCIPAL'S BLUE BOOK ON SPECIAL EDUCATION

PART II. PRINCIPAL INSTRUCTIONAL LEADERSHIP AND SUPERVISORY PRACTICES IN SPECIAL EDUCATION PROGRAMS

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October, 1988

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Introduction

This document is designed to assist principals in the supervision of special education programs in their schools. The document is divided into a series of reference papers, each focusing on a different aspect of special education.

The breakdown of the document is as follows. The first paper is a general overview of supervisory practices pertaining to special education. The practices outlined in this paper are generic to all special education programs. The subsequent papers are specific to the various categories of disabled students. Each of these papers contains specific information pertinent to the supervision of a particular type of special education program. An appendix contains an outline of the key provisions of P.L. 94-142.

AN OVERVIEW

by

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I. What are the objectives of a Special Education Program?

A. To develop positive student self-image.

B. To assure that each student is served in the least restrictive environment.

C. To assure that each student makes progress toward the academic and adaptive behavior goals as proposed by the individual educational plan.

D. To provide each student with the opportunity to learn independent living skills using programmatic communication skills.

E. To provide each student with work experience and opportunities for job placement.

F. To narrow the discrepancy between regular and special education through team work focused on individual student progress and teacher's need for support.

G. To enable regular educators the opportunity to learn and apply special education strategies within the regular classroom.

II. What are the elements or components of a quality program?

A. Systematic pre-referral procedures

B. Systematic referral system.

C. Identifiable criteria for inclusion in program.

D. Clearly defined program or curricular goals in a regular program, part-time mainstreaming program, or a community based training program.

E. Effective IEP development and management.

F. Effective instructional personnel who are able to incorporate the following critical teaching behaviors.

G. Regular reporting of student progress with a focus on post-school behavior.

H. Ongoing support of regular education in the education of students with disabilities.

I. Systematic re-entry procedures.

J. Principal's having authority to make decisions in his/her jurisdiction as appropriate. (See adopted Barnett framework.)

1. Pre-Instruction Factors

   a. Diagnosis
      - Accurately diagnoses and predicts cognitive/adaptive performance levels of students.
   b. Content Decisions
      - Promotes extensive content coverage and high levels of student involvement.
   c. Time Allocation Decisions
      - Maintains high levels of allocated time for a particular content area of curriculum or lesson.
   d. Pacing Decisions
      - Determines the pace of instruction which is consistent with student ability levels.*
   e. Grouping Decisions
      - Determines the effective group size and composition consistent with student ability and aptitude levels.
      - Selects relevant criteria to be used as a basis for group assignment.
   f. Activity Structure Decisions
      - Develops goals of instruction which are both clear and systematically organized.
      - Varies materials, lesson organization, and structure for different students and for different purposes.
   g. Prescription Decisions
      - Prescribes instructional activities which match needs and skill levels of individual students.
      - Prescribes lessons which have continuity within and between them.
   h. - Provides for measurement of student progress and regular reporting to student and parents.

2. During-Instruction Factors

   a. Engaged Time
      - Maintains high levels of engaged time for each lesson.
      - Maintains high levels of engaged time that is consistent with time allocated for a lesson.
      - Maintains high rate of direct instruction.
      - Demonstrates skill in predicting engaged time rates for individual students.
   b. Time Management
      - Systematically organizes and conducts instruction so there is little waiting time.
      - Controls, monitors, and evaluates the amount of allocated and engaged time per lesson.
   c. Success Rates

- Consistently evaluates and if necessary modifies activities to insure individual student success.
- Presents learning activities which insure high levels of individual student success.

d. Monitoring
- Is active, moving from group to group, observing, providing cues, redirecting student attention and skill attempts.
- Enforces mild forms of punishment that are employed infrequently.
- Refocuses student back on task rather than enforcing punishment.

e. Structuring
- Provides clear information about the content that is to be learned and how to go about learning it.
- Reviews information, outlines content, emphasizes important points by providing learning cues, and summarizes important information.
- Provides transferring information from lesson to lesson.
- Reviews content to clarify to students what is expected of them.
- Provides clear directions and communicates lesson goals and objectives to class.

f. Feedback
- Provides feedback that is immediate and task relevant.
- Provides reinforcement to students for correct answers and offers a rationale for incorrect answers.
- Provides frequent academic feedback to students which is non-evaluative.
- Praises students in terms of the work they produce.

g. Questioning
- Asks questions which are narrow, direct, and structured to enable students to understand the answer sought by the teacher.

h. - Abandons unproductive lines of questioning.

3. Climate Factors

a. Environment
- Creates an orderly, safe, warm, learning environment that is task oriented, business-like yet simultaneously warm and convivial.
- Demonstrates sensitivity to students' needs.
- Begins and ends lessons on time.

b. Expectations
- Communicates clear lesson expectations.

- Expects quality work and sets high but attainable lesson objectives.
- Creates environments that are characterized by low levels of student dependence on the teacher for directions or materials, etc.

c. Exit Criteria
- Establishes criteria to assist in deciding and preparing for the student's return to the regular age-appropriate program.

H. Communication

1. Staff communication in terms of mainstreamed students.

a. Planning cooperatively between regular and special educators.
b. Collaborative planning on IEP development between regular and special educators.
c. Monitoring student progress in regular education.
d. Communicating student progress in special education.
e. Developing relationships with regular educators in order to open doors for successful mainstreaming.
f. Understanding of regular education curriculum as well as their frustrations and concerns.
g. Provides support to regular education teacher as requested.
h. Apprising regular educators of special techniques and strategies.

2. Communication with parents.

a. Keeps parents aware of behavioral and academic progress.
b. Able to answer questions regarding students' performance.
c. Able to recognize when to refer parent to another source if concerns are beyond teacher role.
d. Able to communicate with parents in "jargon free" manner.

3. Communication with students.

a. Establishes positive relationships with students.
b. Communicates concern but high expectations for students' performance.
c. Facilitates goal setting and self-reliance.

I. Administration

1. Quality programs are a result of an atmosphere that promotes excellence.
2. Excellence should be seen in the director as well as the principal and his/her central office staff.
3. Principal should be able to maintain daily operations and seek consultation as needed on each component of A-J.
4. Team process is supported.
5. Collaborative spirit exists between building and central office administration.

III. What are the best practices?

A. Educate teachers and parents on the existing criteria for the identification of special education students.

B. Best practice indicates the need for ongoing in-service for staff regarding their role on Case Conference committees.

C. Best practice indicates the need for increased engaged instructional time for the special education student whether in the mainstream or a special education class.

D. When working with secondary age special education students, perhaps we should (with some students) focus on less remedial activities and more on methods of teaching students on how to learn. Learning strategies, such as paraphrasing, note taking, etc., may be more relevant in terms of minimizing the discrepancy between regular and special education curriculum.

Practices call for the need for ongoing staff development and awareness of new techniques and, if appropriate, training in these areas.

E. Least restrictive environment - Data does not support the validity of removing student to separate classrooms all day long. Research appears to be supporting the utilization of placement in regular programs with auxiliary or resource support. Practices indicated again would be in-service education for teachers, parents, and students.

F. Evaluation - Student evaluation is one measure of effectiveness of program. Student progress can be evaluated on the basis of a clear individual educational plan being implemented, evaluated, and revised as necessary.

G. Best practice indicates that we should review the overall program to determine program effectiveness and if our own policies and procedures enhance or detract from student and staff learning.

H. Best practice indicates that climate and attitude of staff and students will be affected by the building principal as leader. It requires that the building principal as leader examine his/her personal/professional beliefs and attitudes and consider how to integrate new role expectations into this set of responsibilities in order for it to succeed.

I. Best practice indicates the need for a policy of periodic evaluation of the special education student's placement. This evaluation should determine whether continued special education services are needed or if the student could be best served by re-entry into a regular education classroom.

J. Best practice indiicates the need for awareness that special education programs often generate unique problems and school personnel must be prepared to assist special educators if the need arises (e.g., student who has a history of running away, eating arrangements, etc.)

IV. Personnel - What should they be able to do?

Licensed Special Education Teacher

A. Understand and be able to explain the school system's referral system as per P.L. 94-142, existing state law and district policy.

B. Serve as an educational resource person.

C. Provide programs that conform with curricular goals and objectives in regular education, community based training or some alternative of the two.

D. Effectively participate in Case conferences.

E. Make pre-instructional decisions based on available data.

F. Provide instruction that emphasizes good organization, direct instruction, and feedback.

G. Provide an environment that has high expectations but is flexible and accepting of individual differences.

H. Build rapport with all building staff.

I. Communicate with appropriate staff in terms of students' performance in regular education and special classes, understand regular curriculum, provide ideas and techniques to regular education, and attempt to utilize these ideas.

J. Evaluate the effectiveness of instruction and revise and adapt as necessary.

K. Express an active interest in reviewing methods and look for other strategies for use with unsuccessful students.

L. Develop, implement, and evaluate individual educational plans for each student that is unique to that student.

M. Maintain confidentiality and serve as a model for other teachers.

N. Periodically seek feedback by re-integrating students into regular program to assess comparable progress toward mainstreaming goals.

O. Use appropriate problem-solving strategies.

P. Be able to effectiely negotiate.

Q. Demonstrate, where appropriate, assertiveness and diplomacy.

Psychologist

A. Provide individual assessments that are unbiased.

B. Gather information regarding student in diverse situations.

C. Communicate results to parents and teachers in an understandable manner and make instructionally relevant recommendations.

D. Provide consultation to teachers, principals, and parents as needed.

E. Assist in Case Conference Committees to appropriately interpret assessment data.

F. Identify and research real special education problems.

G. Provide effective individual and small group counseling.

Educational Diagnostician

A. Provide educational assessments that are unbiased in nature.

B. Observe student and work with that student in order to identify appropriate methods of working with the student.

C. Communicate that data clearly to parents, teachers, etc.

D. Assist teachers in planning and teaching within the regular program.

E. Develop appropriate individual educational plan.

F. Effectively participate in case conferences.

Physical or Occupational Therapist

A. Assess the student for physical disability that interferes with their ability to benefit from special education.

B. Clearly communicate that data to parents and teachers.

C. Develop related service individual educational plans appropriate to the student's individual needs that others can follow and implement regularly with supervisor.

D. Maintain ongoing communication with physician and report any concerns to teachers, parents, and administrators.

E. Effectively participate in Case conferences.

F. Be able to translate motoric assessments to educational environment.

Speech Pathologist

A. Assess students for possible language or speech problems.

B. Communicate with teachers working with the student to insure that techniques taught to student will be reinforced in other settings.

C. Develop a plan through case conference to meet student's needs.

D. If appropriate, provide direct service.

E. Work with school staff to schedule acceptable time to work with student.

F. Communicate with parents on student progress.

V. What is the principal's role in maximizing all the special resources in his/her building? What should he/she be looking for from the program? Its staff?

A. Supervision of the special education program by principal.

1. As building cultural leader: (i.e., salesman for the program) The attitude of the building principal will determine the attitude of the staff toward the new program. Communicating a shared responsibility for all students, setting high expectations that all students can learn, and a willingness to learn about individual differences.

2. As teacher supervisor:

   a. Providing building orientation.
   b. Providing pre-evaluation data.
   c. Assessing teacher on the basis of guidelines discussed under quality components and agreed upon teacher evaluation plan. This must include planning a specified amount of actual observation time, conferencing, and evaluating.
   d. Assisting teacher in strengthening his/her strengths and remediating weaknesses.
   e. Assigning duties and staff scheduling as with all staff.

3. As convenor, involvement of principal (or his/her designee) in Case conference as chair.
4. As standard setter, provide discipline to special education students as needed in keeping with federal and state guidelines concerning the nature of the disability.
5. Request consultation assistance as needed and ensure its delivery to staff.
6. Hiring staff.
7. As resource provider, oversee budget of special education program.

8. Request and plan in-service training as needed.

B. What should the principal be looking for in his/her teacher within the school when a student/staff member is in need of support to provide an appropriate program?
As instructional leader:

1. The referral system of the school system cooperative - does the teacher understand it?
2. Can he/she give you criteria for admission to the special education program?
3. Are program goals being reinforced in the overall program?
4. Are pre-instructional factors taken into consideration in lesson planning?
5. Are lessons planned? Do they have clearly defined objectives?
6. Does the lesson follow objectives of the individual education plan?
7. Are instructional variables considered and implemented?
   a. Direct instruction
   b. Time management
   c. Success rates
   d. Monitoring
   e. Pacing
   f. Structuring
   g. Feedback
   h. Questioning
8. Climate
   a. Is the environment set up for learning?
   b. Are expectations for students appropriate?
9. Are rules clear? Is discipline an issue or does it take care of itself through good classroom management?
10. How is student performance evaluated? How is it documented? Is it relevant?
11. Are materials selected age appropriate?
12. How does the referred student compare to his/her peers in terms of goals set and achieved? How is his/her learning different?
13. Does communication occur between regular and special education staff? Do regular education teachers view this teacher as resource and team member?
14. Are special techniques or adapted materials used?
15. Are there criteria for evaluating students?
16. How often does direct instruction occur and for how long? Is is adequate?
17. How is the classroom organized? Is there a lot of transition time between lessons that is unnecessary?

18. If there is an aide in the classroom, how is he/she utilized? Is his/her role clearly defined?

VI. What can the principal expect from the special education director?

A. Answers to most frequently asked administrative questions. If answers are not available, negotiation of answers.
B. Joint (with principal) recruiting, selection, and hiring of staff.
C. Consultation and/or in-service to administration staff on areas involving the disability, discipline procedures that are mandated (i.e., expulsion), school system cooperative policies, and procedures.
D. Budget for in-service, materials, and equipment.
E. Transportation for each student to and from the program on a schedule that is equitable to regular education.
F. Faculty in-service or assistance in developing faculty in-service programs.
G. Staff evaluation with first year teachers always. As requested by the principal for semi-permanent or permanent employees. Will delineate those responsibilities as agreed upon.
H. Provide building team autonomy in decision making.
I. Evaluation of special education programs.
J. Visionary leadership based on current perspective of field based upon literature and best practices.
K. Facilitation of good ideas.

VII. Questions about Community-based Training Program

A. Can the community be utilized in teaching independent living skills?
B. Are there available opportunities to provide the students with work experience and potential job placement in the community?
C. Are there time and money available for all the related services to be involved in the referral process?
D. Are there time and money available for all personnel to be involved in the transition of the student from school to community?
E. Can a peer tutoring program used to assist in the socializing of students with substantial disabilities be mounted?

VIII. Questions about Transportation

A. Is transportation provided for all special education students?
B. Who is responsible for transportation of special education students?
C. Do special transportation arrangements need to be made for special education students?

D. Is there a difference in the amount of time and distance a special education student experiences compared to regular education students?

E. What program goals demand a regular transportation from the city or town to support post-school performance?

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LEARNING DISABILITIES

by

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I. **Objectives:**

A. To assure that each student is served in the least restrictive environment.

B. To assure that each student makes academic progress as proposed by the individual educational plan.

C. To provide each student the opportunity to learn independent living skills.

D. To provide each student with work experience and opportunities for job placement.

E. To develop a positive self-image.

II. **Components of a quality program:**

A. Clearly defined goals for academic progress and behavior management.

B. Success oriented activities to help enhance the student's self-esteem.

C. Grouping patterns must consider ability level of students.

D. Observation and documentation of student academic progress and behavior.

E. Provide time for feedback and reinforcement.

F. Teachers of students with learning disabilities should act as consultants for regular educators.

G. Adaptations to the regular curriculum should only be modified to account for specific deficits on an individual basis.

III. **Definition:**

A. P.L. 94-142. A learning disability is a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, manifesting itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes perceptual handicaps, but excludes problems resulting from sensory impairments, mental retardation, emotional disturbance or from environmental, cultural, or economic disadvantage.

IV. **Identifying Characteristics:**

A. Does the student have difficulty understanding and integrating writing and language?

B. Can the student learn from listening, but not from reading?

C. Does the student grasp concepts of number, space, or time?

D. Is writing cramped, crowded, and laborious?

E. Does the student exhibit overactive, uncontrolled, or impulsive behavior?

F. Does the student show inability to concentrate or have a short memory span?

G. Is the student frequently tired, or lack energy or strength?

H. Is the student easily distracted by extraneous noise or movement?

I. Does the student's behavior unusually vary from day to day?

J. Can the student verbally express himself/herself far above his/her written level?

K. Can the student perform tasks with objects far better than his/her verbal abilities would indicate?

L. Can the student perform verbally far better than s/he can with tasks concerning objects?

M. Does the student have difficulty in finding his/her way or locating objects?

N. Can the student follow written instructions but not verbal ones?

O. Does the student have problems in determining similarities and differences?

P. Is the student clumsy or awkward?

Q. Does the student exhibit signs of an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations?

R. Do the academic and performance behaviors seem erratic?

V. **Best Practice:**

A. Educate teachers and parents on the existing criteria for the identification of special education students.

B. Ongoing in-service for staff regarding their role on CASE Conference committees.

C. Increase instructional time for the student with a learning disability whether in the mainstream or a special education class.

D. When working with secondary age special education students (with some students) focus on less remedial activities and more on methods of teaching students on how to learn. Learning strategies, such as paraphrasing, note taking, etc., may be more relevant in terms of minimizing the discrepancy between regular and special education curriculum.

E. Ongoing staff development and awareness of new techniques and, if appropriate, training in these areas.

F. Least restrictive environment - Data does not support the validity of removing student to separate classrooms all day long. Research appears to be supporting the utilization of placement in regular programs with auxiliary or resource support. Practices indicated again would be in-service education for teachers, parents, and students.

G. Evaluation - Student evaluation is one measure of effectiveness of program. Student progress can be evaluated on the basis of a clear individual educational plan being implemented, evaluated, and revised as necessary.

VI. **Personnel:**

A. **Teacher of students with learning disabilities:**

1. Understand and be able to explain the referral system as per P.L. 94-142 and existing state law and district policy.
2. Define a referral and identification process which leads to serving only students who are truly learning disabled.
3. Serve as a special education resource person.
4. Provide programs that conform with curricular goals and objectives.
5. Effectively participate in CASE conferences.
6. Make pre-instructional decisions based on available data.

7. Provide instruction that emphasizes good organization, direct instruction, and feedback.
8. Provide an environment that has high expectations but is flexible and accepting of individual differences.
9. Build rapport with all building staff.
10. Communicate with appropriate staff in terms of student performance in regular education and special classes, understand regular curriculum, provide ideas and techniques to regular education, and attempt to utilize these ideas.
11. Evaluate the effectiveness of instruction and revise and adapt as necessary.
12. Express an active interest in reviewing methods and look for other strategies for use with unsuccessful students.
13. Develop, implement, and evaluate individual educational plans for each student.
14. Maintain confidentiality and serve as a model for other teachers.

B. Regular education teacher:

1. Communicate with the special education teacher throughout the mainstreaming process and placement.
2. Refer to the IEP for academic and behavior goals.
3. Have a basic understanding of students with learning disabilities.
4. Use the special education staff as a resource and support system to assist in management and setting expectations for instruction.

VII. What a principal should look for in a classroom for students with learning disabilities:

A. Is there an emphasis on mainstreaming?

B. Is the teacher able to establish a relationship with the students which includes mutual respect and trust?

C. Is the teacher able to use a variety of instructional techniques suited to the needs of the individual student?

D. Is the atmosphere and structure of the classroom suitable for the age of the students?

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EMOTIONAL DISABILITIES

by

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I. **Objectives:**

A. Develop appropriate skills and behaviors to be successful in a regular classroom.

B. Develop effective and appropriate coping and problem-solving skills.

C. Develop the abilities to form and maintain effective and appropriate interpersonal relationships.

D. Learn positive and appropriate socially acceptable behaviors so the student can function in a community setting.

E. Assist the student in the development of self-control skills.

II. **Components of a Quality Program:**

A. Clearly defined goals for behavior management.

B. Success oriented activities to help enhance the student's self-concept.

C. Grouping patterns must consider ability level and types of behavior of the students.

D. Observation and documentation of student behaviors.

E. Provide time for feedback and reinforcement concerning student behaviors.

F. An understandable, fair, and consistent set of rules, rewards and consequences.

G. A safe, comfortable, well structured environment.

H. Provide students with alternative behaviors as a way of modifying their present behavior.

I. Teachers of students with emotional disabilities act as consultants and support students working with the regular education staff.

J. The curriculum followed by sudents with emotional disabilities should parallel the curriculum followed by regular education students. Adaptations to the regular curriculum should be made only to account for specific deficits on an individual basis.

K. Students with an emotional disability should follow the same schedule as regular education students.

III. Definition:

A. P.L. 94-142. "The student exhibits one or more of the following characteristics over a long period of time which adversely affects his/her educational performance, to a marked degree":

1. inability to learn not explained by intellectual, sensory, or health factors;
2. inability to build or maintain interpersonal relationships with peers and teachers;
3. inappropriate types of behavior under normal circumstances;
4. general pervasive mood or unhappiness or depression;
5. tendency to develop physical symptoms or fears associated with personal or school problems.

IV. Identifying Characteristics:

A. Is the student hyperactive, impulsive, or easily distracted?

B. Does the student withdraw from social contact with adults and peers?

C. Does the student develop a "tic", eye blinks, or facial and body movements when confronted with a difficult situation?

D. Does the student seek an excessive amount of help and reassurance?

E. Is the student overly submissive to peers, adults, and authority?

F. Does the student behave in a bizzare manner?

G. Does the student threaten others verbally or physically?

H. Does the student often get himself/herself into situations which may hurt or frighten him/her?

I. Does the student appear anxious and tense when confronted with school work?

J. Is the student often a scapegoat?

K. Do the inappropriate behaviors of the student interfere with academic performance?

L. What are the frequencies, intensities, and durations of the described behaviors?

M. What are the identified behaviors exhibited at home as reported by the parent?

N. Does the student exhibit any identifiable patterns of behavior (i.e., when student is tardy to class, his behavior tends to be more explosive throughout the school day)?

V. Best Practice:

A. Communication with parents is an essential practice for maximizing the chance of success with students who have an emotional handicap.

B. Parent counseling has been identified as a needed and successful best practice.

C. Cooperation between school and community agencies and organizations.

D. Inservice for teachers of students with an emotional disability reviewing a continuum of behavior interventions. Crisis intervention and physical restraint are essential components of an intervention continuum for teachers of students with an emotional disability.

E. Best practice indicates the need for a planned backup and support system for teachers.

F. A defined referral and identification process which leads to serving only students who truly are emotionally disabled.

G. Assessment procedures must be encompassing but not exhaustive.

H. A mainstreaming plan needs to be established to ensure a place in regular education when students with an emotional disability are ready to be intergrated.

I. A plan of reassessment should be established to quicken the reintegration process and prevent students from being "stuck" in a program for students with emotional disabilities.

J. A peer tutoring program provides students with an emotional disability an opportunity to interact with regular education students. The peer tutors serve as a positive role model and a linkage to regular education.

K. The classroom for students with emotional disabilities should be located in the regular school building.

VI. Personnel:

A. Teacher of students with emotional disabilities:

1. Be able to develop and implement a behavior management plan that can be adapted to meet each student's individual needs.
2. Have a broad knowledge base of behavior techniques and counseling theories.
3. Communicate with the regular education teacher throughout the mainstreaming process and placement.
4. Provide support and consultation services to the regular education staff.
5. Be well versed in curriculum and instruction planning and practices.

B. Regular education teacher:

1. Communicate with the special education teacher throughout the mainstreaming process and placement.
2. Refer to the IEP for academic and behavioral goals.
3. Have a basic understanding of the characteristics of students with an emotional disability.
4. Use the special education staff as a resource and support system to assist in management, and setting expectations for behavior and academic performance and instruction.
5. Use the special education teacher as a source of information regarding testing, grades, or adaptations in the curriculum or instruction practices.

VII. What a principal should look for in a classroom for students with emotional disabilities:

A. Is there a behavior management plan in use that is adaptable to individual needs?

B. Is the teacher able to use a variety of behavior intervention techniques depending on the situation and the student involved?

C. Is the teacher able to establish a relationship with the students which includes mutual respect and trust?

D. Is there an emphasis on mainstreaming the emotionally disabled student?

VIII. Questions about related services:

A. Is mental health counseling available for each student?

B. Is family counseling available?

C. Is the community a viable place for students with emotional disabilities to be involved in, so learned behaviors can be practiced in "real life" settings?

D. Is a teacher's aid available for each classroom?

E. Is there staff available for back-up in the cases of an emergency or crisis?

IX. Questions about transportation:

A. Is there an aide on the bus to help monitor behavior?

B. Can the school provide transportation for community teaching experiences?

C. Is the process for using school transportation the same for classes of students with emotional disabilities as it is for regular classes? If it is different, why, and what is the process for a classroom containing students with emotional disabilities?

Resources:

Leone, P. E. (1985). Suspension and Expulsion of Handicapped Pupils. The Journal of Special Education, 19, (1).

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Schloss, P. J., Miller, S. R., Sedlak, R. A. and White, M. (1983). Social-Performance Expectations of Professionals for Behaviorally Disordered Youth. Exceptional Children, 50 (1).

Wang, M. C., and Baker, E. T. (1985-86). Mainstreaming Programs: Design Features and Effects. The Journal of Special Education, 19 (4).

White, M. A. (1982). Strategies for Planning and Facilitating the Reintegration of Students with Behavioral Disorders. Iowa Monograph. State Department of Public Instruction, State of Iowa.

Indiana Committee on the Emotionally Handicapped. (1986). Principal's Guide for Implementing and Managing Programs for Seriously Emotionally Handicapped Students. Division of Special Education, Indiana Department of Education.

SUBSTANTIAL DISABILITIES

by

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I. **Objectives:**

A. Help students develop independent living skills;

B. Teach students how to develop and maintain interpersonal relationships;

C. Provide students with vocational training and practical work experience;*

D. Help students make the transition from school to community and work.*

II. **Components of a Quality Program:**

A. Instruction should go beyond the classroom (community based teaching.;

B. Students should be involved in extracurricular activities;

C. Classroom should be located in a central area of the building, not isolated;

D. Interaction between disabled and non-disabled students should be encouraged (i.e., peer tutor program, lunch in the cafeteria, buddy system.;

E. Students should be included in school wide functions (i.e., assemblies, pep rallies, yearbook pictures.;

F. Assessment procedures must be encompassing but not exhaustive;

G. A procedure for reevaluation must be implemented to ensure continued appropriate placement.

III. **Environment:**

A. Physical barriers should be removed and facilities adapted to allow for the maximum participation of all students.

IV. **Definition:**

A. **Multiply Handicapped:**

1. P.L 94-142. Multiply handicapped students have concomitant impairments, the combination of which causes such severe educational problems that the student cannot be accommodated in special education programs solely for one of the impairments (excluding deaf-blind).

2. **Identifying Characteristics:**

a. Specific identifying factors for multiply handicapped students are not practical due to the diversity of the population. It is important to remember that the student must display two or more handicapping conditions which result in severe disabilities. Specific identifying factors of other conditions may be most helpful in determining the disability.

B. Mentally Handicapped:

1. P.L. 94-142. The student demonstrates significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period, which adversely affect educational performance.

C. Severely/Profoundly Mentally Retarded:

1. P.L. 94-142. More than four standard deviations below the mean in intelligence and adaptive behavior.

D. Deaf-Blind:

1. P.L. 94-142. The student has concomitant hearing and visual impairments, the combination of which causes severe communication, and other developmental and educational problems that they cannot be accommodated in special education programs solely for the deaf or blind.

E. Other Health Impaired:

1. P.L. 94-142. The student demonstrates limited strength, vitality, or alertness due to chronic or acute health problems which adversely affect educational performance

VIII. Best Practice:

A. Provide direct instruction in activities selected on the basis of their relationship to the student's chronological age not functioning level.

B. Provide students with the opportunity to interact with age appropriate non-handicapped students. (i.e. peer tutoring.

C. Strive to increase the student's ability to function independently at school, home, and in the community.

D. Involve both the student and the parent in the development and selection of activities.

E. Severely handicapped students should be presented as having the capabilities to participate in an integrated school as well as a community based education program.

F. Emphasis on skills that are necessary for an independent adulthood.

G. Establish a plan for transition from school to the community and employment.*

H. Involve students with substantial disabilities in extracurricular activities.

I. Classrooms for students with substantial disabilities should be centrally located in the regular school building.

J. Cooperation between school and community agencies and organizations.

K. Inservice training related to community based programs.

L. The program should enhance the status of students with substantial disabilities.

M. Students must spend an increasing amount of time involved in community based teaching as they progress through school (i.e., elementary students, 20% in the community; middle school students, 40%-50% in the community; and senior high school students, 75%--80% in the community..

IX. Personnel:

A. Teachers of Students with Substantial Disabilities:

1. Certified in Low Incidence handicaps.
2. Provides instruction outside the classroom and school (community based teaching..
3. Involves non-disabled students in the instruction of students with substantial disabilities (peer tutoring)

X. What a principal should look for in a classroom for students with substantial disabilities:

A. The use of varied teaching methods.

B. The incorporation of adaptive equipment.

C. Attempts to operate the classroom similar to a regular classroom.

D. The use of age appropriate activities.

E. The integration of regular age appropriate peers.

XI. Questions about related services:

A. Is an aide available for the classroom?

B. Are necessary therapies and counseling provided to the individual student (i.e., physical therapy, speech therapy, occupational therapy, mental health counseling.?

C. Is family therapy available?

XII. Questions about transportation:

A. Are the school buses adapted for students with substantial disabilities?

B. Is there an aide on the bus to assist the driver?

C. Is transportation provided by the school for community based teaching?

D. What are the procedures for securing transportation?

Resources:

Calkins, S.M. (1985). "Administrative Procedural Guidelines Needed to Support the Implementation of Integrated School and Community-based High School Programs for Students with Moderate/Sever Handicaps. Unpublished.

Wilcox, B., C. Jackson, C. Overdorff, and B. Flannery (1987, May). Effective Schools: Implications for Programs Serving High School Students with Moderate and Severe Handicaps. Bloomington, IN: CASE Research Committee Information Dissemination Packet.

* Denotes Secondary Students

PHYSICAL DISABILITIES

by

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I. **Objectives:**

A. Whenever and wherever possible, students with physical disabilites should be included in all regular educational programs and classroom settings to the greatest degree possible.

B. It is essential that opportunities for maximum academic and social interactions, with age-appropriate peers that do not have physically disabilities, are part of the instructional program.

C. Short and long-range educational interventions for students with physical disabilities need to address the following areas: physical independence, self-awareness and social maturation, communication, academic progress, and functional life skills.

D. It is essential that students with physical disabilities be given a variety of age-appropriate experiences based upon optimistic/realistic expectations rather than negative conjecture about health and physical limitations.

E. Regular education and special education must take a joint initiative in restructuring programs which will accommodate students with physical disabilities in the following areas: building & classroom architectual modifications, use of adaptive equipment and devices for enhancing student participation, and interventions promoting "preferred" learning style(s).

II. **Components of a Quality Program:**

A. Clearly delineated short and long-range goals, addressing physical and health impairments across a broad spectrum of individual student needs, are vital elements in an educational program.

B. An individualized education plan (IEP) should stress all specialized instructional techniques and significant services.

C. The diverse range of students' educational, social, and developmental demands need proper identification and assessment.

D. Establish a cultural environment that avoids centering unnecessary attention on physical or health impairment(s) but fosters positive attitudes of acceptance and personal value.

E. A comprehensive evaluation program includes interdisciplinary and transdisciplinary involvements.

F. Students with physical disabilities should experience the same academic curriculum or closely parallel the regular education curriculum.

G. To avoid false expectations, the grading system for students with and without physical disabilities should be the same.

H. Major curriculum adaptations should center on alternatives in instructional methodology rather than changes in program content.

I. A curriculum should include activities and experiences necesary for future employment, social relationships, recreation and leisure.

J. A quality program allows modifications for access to all facilities (buildings, laboratories, playground areas, lavatories, instructional rooms, etc.) and use of educational equipment (computers, desks & tables, playground/gymnasium, etc).

III. Definitions:

A. P.L. 94-142 divides physical disabilities into two major anomolies, orthopedic and health impairments.

B. P.L. 94-142 defines orthopedic impairments as those which adversely affect a child's educational performance; the causes of impairment include: congenital (absence of some member, club foot, etc.) disease (poliomyelitis, bone tuberculosis, etc.) and "other causes" (cerebral palsy, amputations, fractures, etc.)

C. P.L. 94-142 defines students with health impairments as those limited in strength, vitality, or alertness, due to chronic or acute health problems including: a heart condition, tuberculosis, asthma, rheumatic fever, sickle cell anemia, hemophilia, epilepsy, etc.

D. Difficulties arise in prevalent statistics since sensory impairments (hearing and vision), communication, and multiple disabilities are often included within definitions of physical disabilities. However, P.L. 94-142 delineates, to some degree, the differences among the aforementioned impairments.

IV. Identifying Characteristics:

A. Individuals with physical disabilities are often initially identified in a medical diagnosis. This diagnosis uses a clinical model which "labels" and "stereotypes" a person for a lifetime based solely on the impairment.

B. Frequently, orthopedic and neurological impairments are more visible than health impairments.

C. Examples of orthopedic and neurological impairments include: cerebral palsy, muscular dystrophy, spina bifida, osteogenesis imperfecta, limb deficiency, spinal cord injury, rheumatoid arthritis (juvenile), Legg-Calve-Perthes (femoral bone disease).

D. Examples of health impairments include: epilepsy, asthma, cancer, diabetes (juenile), cardiac conditions, sickle cell anemia, hemophilia, cystic fibrosis, etc.

E. A primary question for educational consideration is simply: does the student have any physical or health impairment that in any way interferes with classroom performance?

V. Best Practices:

A. A quality approach for educational programming involves the sharing of information and working cooperatively through a transdisciplinary process (training and authorizing team members to implement specialized programs).

B. "Teacher Assistance Teams" are valuable in providing needed resources and services to classroom teachers when learning, social, and behavioral difficulties arise.

C. Best practice includes a periodic updating of information and evaluation from interdisciplinary and transdisciplinary teams.

D. Maximum communication within and between professional teams is vital for effective educational programming.

E. In many situations, adaptive equipment enhances a student's ability to participate in regular programs.

F. Task analysis and systematic instruction are two approaches that have been found to be highly effective.

G. Developing appropriate methods for personal expression are critical, these include: venting anger and

frustration and demonstration of creativity and originality.

H. Providing opportunities to deal with constructive criticism, personal evaluation, and future planning are significant.

I. Personal development may be enhanced by incorporating knowledge of sexuality into the curriculum on a continuous basis.

J. Parental involvement is important in developing learning and adaptive methods which facilitate independent functioning.

K. Technological advances in rehabilitation engineering should include the following areas: communication (typewriter or microcomputer); mobility; prosthetics, orthotics, etc.

L. The use of an augmentative communication system is highly effective with students with physical disabilities, eg., manual or electronic communication equipment.

M. At the local level, positive school-community relationships are vital for developing successful transitional programs from school to post-school environments.

N. Flexibility in programming is a key concept in providing best practices to students with physical disabilities.

VI. Personnel:

A. Teachers:

1. Early intervention programs should emphasize the following developmental skills: motor coordination, daily living, and social interaction. Additionally, environmental exploration, movement education and basic self-help skills should be taught.

2. Elementary teachers should focus instruction on the basic skill areas: (reading, arithmetic, language arts, science, and social studies). Integration into the regular school program is critical at this level with supplemental instruction, physical, occupational and speech therapy.

3. Secondary teachers should focus on transitional programming with emphasis on academic and basic survival skills. The highly individual nature of

the program allows different instructional paths including: independent functioning for adult life, regular high school academic program, and/or future job preparation.

4. Postsecondary teachers at community colleges, universities, and other professional units should be aware of the methods and equipment available for students with physical disabilities. A variety of resource services should be known by all instructors: tutors, notetakers, attendants, counselors, etc.

B. Administrators:

1. Students should be allowed to participate in all school functions that do not endanger their health and safety: social activities, team participation, clubs and organizations.

2. The principal should ensure that the physical plant will accommodate, modifications and adaptations, the individual differences of students with physical disabilities.

3. All parts of the school facility must meet state and federal regulations for accessibility.

4. Public school buildings must display international symbols of access for people with physical disabilities.

5. A set of standards for making school facilities and nearby areas accessible for people with physical disabilities should include the following: parking at approaches to building entrances; travel within hallways and on elevators and stairs; services, including public telephones, water fountains, and restrooms; hazardous places, gratings, and alarms; special rooms, including kitchens; schoolrooms, including classrooms, libraries, and physical education facilities.

6. Classrooms for students with physical disabilities must be located in strategic areas enhancing access and participation.

7. The development of a building evacuation plan, for emergency situations using various staff personnel to assist students with physical disabilities, is a critical administrative function.

VII. Related Services:

A. A possible cadre of related services for students with physcial disabilities includes: physical therapy, speech therapy, occupational therapy, language therapy, school nursing, social and psychological services, rehabilitation counseling, therapeutic recreation, and medically related health services.

B. Major areas of assesssment should include the following: mobility, daily living, psychosocial development, communication, academic potential, learning adaptations, transition skills, abilities and limitations due to the physical impairment.

C. Providing a variety of "needed services" allows the student to participate in regular instructional settings: notetakers and "prepared notes", development of a "buddy system".

D. The nature of "related services" must focus on the integration process, noting the delicate balance in the amount of student's time spent in various program environments, and that relationship to overall educational benefits and consequences.

VIII. Transportation Services:

A. Wheelchair buses may be needed to transport physically disabled students who are unable to ride a regular school bus.

B. Transportation routes may need to be adjusted for those students unable to ride the school bus for long periods of time.

Resources:

Brown, J. (1988). The Team Concept in Special Education. Bloomington, IN: CASE Information Dissemination Packet.

Greenburg, D. (Ed.) (1987, May). 1987 Council for Administrators in Special Education Institutes: Medically Related Special Education and Related Services. Bloomington, IN: CASE Research Committee Publication.

Sirvis, B. (1988). Physical Disabilities (Chap. 12). In E. Meyen & T. Skrtic, Exceptional children and youth (3rd ed.). Denver: Love.

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COMMUNICATION DISABILITIES

by

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I. **What are the objectives of a public school Speech-Language Pathology Program?**

A. To meet the communication needs of all students, particularly those who are communicatively impaired.

B. To assure that each student is served in a communication environment which will allow each student to develop his/her full communicative potential.

C. To provide information and assistance to parents, teachers, administrators, aides, and allied professionals (counselors, psychologists, physicians, psychiatrists, social workers, nurses, occupational therapists, physical therapists, and dentists) about communication disorders, their prevention, and management.

II. **Who are the communicatively impaired?**

A. Children who exhibit an articulation disorder (omissions, substitutions, and/or distortions of speech sounds).

B. Children who exhibit a language disorder (deficits in the receptive, integrative, or expressive processes of language).

C. Children who exhibit fluency disorders (inappropriate variation in rate or prosody of speech or avoidance of speaking).

D. Children who exhibit voice disorders (inappropriate deviations in the vocal parameters of pitch, loudness, or quality).

E. Children who exhibit hearing loss or auditory perceptual difficulties.

III. **What are the components of a quality program?**

A. Systematic referral, identification, and diagnostic procedures.

B. Well-defined eligibility and placement criteria based on a severity rating scale.

C. Continuum of service delivery models to meet the diverse and distinct needs of individual students.

D. Maintenance of an accurate record-keeping system.

E. Physical settings appropriate to type of service delivery model being implemented.

F. Supportive and professional staff networking.

IV. How are these components operationalized?

A. Communication problems are identified through a systematic screening process that is accurate and complete.

B. Screening results are the basis for a complete comprehensive diagnostic assessment.

C. The diagnostic assessment provides a basis for program eligibility and placement decisions. This comprehensive assessment may consist of speech-language tests, psychological, medical, and hearing evaluations.

D. The utilization of realistic caseload rules and regulations that facilitate quality service delivery. These rules must include consideration of:

1. Severity and type of disorder
2. Frequency of service delivery
3. Appropriateness of physical setting
4. Influence of disorder on student's functioning in academic setting.

E. The utilization of different service delivery models and environments, ranging from least restrictive to most restrictive. Eligibility for a specific model is based upon rating of severity (See Addendum).

1. Consultation Model--Indirect Service:
   The speech-language pathologist (SLP) directs and guides others, including classroom teacher, in the management of communication disorders in the classroom.
2. Itinerant Model--Intermittant Direct Service:
   The SLP is responsible for management of communication disorders on an intermittent basis, usually 2 or 3 times/week, outside the classroom.
3. Resource Room Model--Intensive Direct Service:
   The SLP is responsible for management of communication disorders outside the classroom.
4. Self-Contained Model--Academically Integrated Direct Service:
   The SLP provides academic instruction in addition to managing the communicative therapy program in a classroom for communicatively disordered children.

F. The appropriate documentation of evaluating and managing each child identified as communicatively handicapped.

G. Participation in professional affiliations to ensure support and personal and professional growth.

V. Personnel--What should the SLP be able to do?

A. Identify children with speech-language-hearing disorders.

B. Diagnose and appraise specific speech-language-hearing disorders.

C. Refer for medical or other professional attention when it is necessary for the habilitation of speech-language disorders.

D. Provide appropriate and effective intervention strategies and methods for the prevention or habilitation of communication disorders.

E. Positively interact with students, parents, teachers, administrators, aides, counselors, psychologists, physicians, psychiatrists, etc. regarding speech-language disorders.

VI. Responsibilities of the Classroom Teacher

A. Collaborate with the SLP in the implementation of the Consultation Model to promote communication behavior change in the classroom.

B. Facilitate the generalization and maintenance in the classroom of communication behaviors acquired in Direct Service with the SLP.

C. Facilitate communication about the child and his communication impairment as they relate to his educational and social development in the classroom.

D. Facilitate the identification of communicatively impaired children by making referrals to the SLP.

VII. Responsibilities of the Principal

A. Provide classrooms and facilities that are adaptable to the speech-language pathologist's caseload size and range of disorders represented in it.

B. Provide a supportive link in the interactive chain among the speech-language pathologist, teachers, parents, nurse, and other relevant participants.

C. Be knowledgeable about the role and responsibilities of the speech-language pathologist.

D. Seek support for the SLP from the Director of Special Education.

Resources

American Speech and Hearing Association (1973-74). Standards and Guidelines for Comprehensive Language, Speech, and Hearing Programs in the Schools. Washington, D.C.: American Speech and Hearing Association.

American Speech Language and Hearing Association (1983). Recommended service delivery models and caseload sizes for speech-language pathology services in the schools. ASHA, 25, 65-70.

Barker, K., R. Baldes, P. Jenkinson, and K. and J. Freilinger (1982). Iowa's severity rating scales for communication disabilities. Language, Speech and Hearing Services in the Schools. 13, 156-162.

Egland, G.D. (1970). Speech and Language Problems: A Guide for the Classroom Teacher. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Neidecker, E.A. (1987). School Programs in Speech-Language: Organization and Management (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall, Inc.

VanHattum, R.J. (1985). Organization of Speech-Language Services in Schools: A Manual. San Diego: College-Hill Press, Inc.

ADDENDUM

The Iowa Severity Rating Scales for Communication Disabilities (ISRS) are recommended to public school speech language pathologists. They provide consistent criteria to determine eligibility for appropriate service delivery models for each child.

Articulation Severity Rating Scale

Rating	Characteristics
0	Normal
1	Inconsistent misarticulation of phonemes, whether substituted, omitted, or distorted. Sounds must be stimulable and not more than 6 months below the developmental age for the phoneme.
2	Consistent misarticulation of phonemes, but not interfering with intelligibility. Phonemes may be stimulable but to due to age or other factors, self-correction is not expected.
3	Interferes with communication. Shows signs of frustrations. Some phonemes may be stimulable. Distractible to a listener. Intelligibility may be affected.
4	Unintelligible all of the time. Interferes with communication. Pupil shows signs of frustration and refuses to speak at times. Difficult to stimulate most sounds. Distracting to a listener.

Language Severity Rating Scale

When evaluating pupils in a regular classroom, a comparison should be made between pupils' language age scores (as determined by appropriate diagnostic instruments) and their chronological ages. Language age scores should be compared to mental age scores for pupils assigned to special education classes.

Rating	Characteristics
0	Normal
1	According to appropriate diagnostic tests user, the receptive-expressive, or combined receptive-expressive skills indicate a language difference. Inconsistent: a 0 to 6 month delay from established from the norm.

2	Appropriate diagnostic tests indicate a difference from the norm. Conversational speech shows definite indications of language deficit. A 6-12 month delay.
3	Appropriate diagnostic tests indicate a language problem which is interfering with communication and educational progress and is usually accompanied by a phonological deviation. A 12-28 month delay.
4	Appropriate diagnostic tests indicate a significant gap from the norm. Communication is an effort. Could range from no usable language to unintelligible communication. Educational progress is extremely difficult. Usually accompanied by a severe phonological deviation. A delay of 18 or more months.

Fluency Severity Rating Scale

Rating	Characteristics
0	Normal
1	Observable nonfluent speech behavior present. Pupil not aware of or concerned about the nonfluent speech. Normal speech periods are reported or observable and predominant.
2	Observable nonfluent speech behavior is present and observable on a regular basis. Pupil is becoming aware of the problem and parents, teachers, or peers are aware and concerned.
3	Stuttering behavior is noted on a regular basis. Pupil is aware of a problem communicating. Struggle, avoidance, or other coping behaviors are observed at times.
4	All communication is an effort. Avoidances and frustrations are obvious. Struggle behavior is predominant.

Voice Severity Rating Scale

Rating	Characteristics
0	Normal
1	Inconsistent or slight deviation. Check periodically.

2 Voice difference is not noted by casual listener. Pupil may be aware of voice deviation.

3 Voice difference is consistent and noted by casual listener. Pupil may be aware of voice. Medical referral may be indicated.

4 There is a significant difference in the voice. Voice difference is noted by casual listener. Parents are usually aware of problem. Medical referral is indicated.

Ratings are summed across scales for each child. Children with the highest rating receive the highest priority for intensive, direct therapy.

SENSORY DISABILITIES

by

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I. **Objectives:**

A. Early identification and program intervention are essential considerations in minimizing the effects of a sensory impairment.

B. Set conditions for optimal contact between students with a sensory impairment and students without a sensory impairment.

C. Provide necessary auditory and speech training for students with a hearing impairment that allows them to participate to the maximum degree possible in the regular educational environment.

D. Establish an educational climate that allows students with sensory impairments to become valued participants in the school.

E. Develop a comprehensive and effective educational program using "inputs" from all stakeholders eg., parents, medical and educational specialists, classroom teachers, administrators, etc.

F. Through a team concept, develop an individualized learning program using specialized professional services.

G. Promote the dveelopment of alternative methods of language acquisition for students with sensory impairments.

H. Promote the development of a positive self-concept by setting conditions that promote success and peer recognition.

I. Promote the development of positive self-esteem by setting conditions enabling the student with a sensory impairment to take greater control of his/her life.

J. Promote the development of adaptive and coping skills which enhance personal independence and decision making.

II. **Components of a Quality Program:**

A. Provide an opportunity for societal integration by using a peer group social system and appropriate adult role models.

B. Incorporate fundamental life skills into the curriculum providing students with exposure to critical situations requiring adjustment and acceptance/responsibility for personal actions.

C. Use contemporary technological aids and devices including: optical character recognition devices, speech synthetizers, computers, calculators, telecommunication devices (modiums, etc.) amplification devices, braille machines, closed caption film and television, closed-circuit television reader, tactile learners.

D. Use comprehensive evaluation and service delivery teams which provide a unified and holistic educational program.

E. Set conditions for social acceptance by allowing the student to participate in recreational and leisure activities that enhance socialization and peer group interactions.

F. Promote an open and receptive school climate where students without sensory disabilities can learn to develop positive attitudes and values through cooperative group activities involving students with disabilities.

G. Develop comprehensive recreation and career education programs focusing on community leisure and employment.

I. Use a comprehensive diagnostic evaluation battery consisting of appropriate screening and assessment instruments for determining intellectual, scholastic, and performance abilities.

J. Use a companion system that enhances the social acceptance of students with sensory impairments.

K. Use a variety of educational technologies to augment sensory-learning modalities in an integrated multi-channel process.

III. Definitions:

A. Hearing impairment refers to varying degrees in loss of hearing ontologically (professional diagnosis by a hearing specialist), audiometrically (measurement on an audiometer), or functionally (implications in daily life).

B. There are three major types of hearing impairment: conductive (disruption of sounds in the outer or middle ear before they reach nerve endings in the inner ear); sensorineural (dysfunction in the inner ear inhibiting messages from reaching the brain); central (problems with the auditory pathways within the brain).

C. Visual impairment refers to disorders of the eye resulting in varying degrees of vision loss that affects daily functioning.

D. For legal purposes, there are two major types of vision impairment: blindness/legally blind (central visual acuity with correction is 20/200 or less in the better eye or where the visual field is no greater than 20 degrees) and partial sightedness (central visual acuity is between 20/70 and 20/200 in the better eye). A "low vision" student is capable of using sight as one of the primary learning channels.

E. P.L. 94-142: The deaf student has a hearing impairment so severe that s/he is impaired in processing linguistic information through hearing, with or without amplification; this impairment adversely affects educational performance. The hard-of-hearing student has a hearing impairment, permanent or fluctuating, which adversely affects educational performance; this category is not included under the definition of deaf.

F. P.L. 94-142: The blind student has a visual impairment so severe that s/he is impaired in all sight-related functions. The partially sighted student has an impairment which adversely affects educational performance; this category is not included under the definition of blind.

G. P.L. 94-142: The deaf-blind student has concomitant hearing and visual impairments, the combination of which, causes such severe communication and educational problems that learning cannot be accommodated solely in one particular classification.

IV. Identifying Characteristics:

A. In many cases, there are no obvious (physically identifying) characteristics of persons with visual and hearing impairments besides the most commonplace amplification devices (hearing aid) and/or acuity aids (prescription glasses).

B. There are five classifications of hearing impairment: slight (difficulty in discrimination of sounds and speech in faint, distant or cacophonous situations); mild, (some difficulty in conversation resulting from defective speech patterns or vocabulary deficiencies); marked (inappropriate articulation and voice tones with misunderstanding or failure to follow discussions); severe (inability to hear normal speech patterns with impairment in speech and language development); profound (inability to hear amplified speech patterns and resultant lack of language acquisition without professional intervention).

C. Factors to consider when suspecting a hearing problem include: analysis of the student's family history; immature language or articulation problems; speech that seems extremely loud or soft; a history of earaches or ear infections; complaints about not being able to hear in class; habits of extending or turning the head toward the speaker; frequent requests to repeat instructions; frequent requests of others (peers) for directions; and, large differences between verbal and performance scores.

D. Disorders of the eye and surrounding structures that impair vision include: muscles (strabismus or improper alignment), amblyopia or blindness through disuse, nystagmus or involuntary rapid eye movements); cornea/iris/lens (glaucoma or intraocular fluid buildup, aniridia or iris underdevelopment, photophobia or light sensitivity, cataracts or cloudy/opaque lens); retina (diabetic retinopathy or blood vessel hemorrhaging, macula degeneration or lack of central vision, retrolental fibroplasia or excess oxygen, retinal detachment or retina separation, retinitis pigmentosa or peripheral vision loss, retinoblastoma or retinal tumor); and optic nerve (optic nerve atrophy).

E. Factors to consider when suspecting a vision problem include: analysis of student's family history; difficulty reading written work on the chalkboard; student "leans" to read material; rubbing of the eyes; squinting; excessive tearing; "pink eye(s)"; rapid blinking or unusual eye movements inorder to focus on schoolwork.

V. Best Practice:

A. A total communication (TC) approach, for students with hearing impairments, uses nonverbal behaviors and sign language with speechreading, speech, amplification, and audition in the communication process. The aural-oral (AO) approach uses regular language as the basis for instruction with the inclusion of amplification devices to augment residual hearing. The American Sign Language (ASL) and Manually-Coded English (MCE) are methods of manual communication using nonverbal signs and fingerspelling.

B. For students with a hearing impairment, the use of a comprehensive test battery for assessment should include: speech, audiological, language, achievement and cognitive assessments.

C. For students with a visual impairment, the use of a comprehensive test battery for assessment should include: social and emotional, compensatory,

curricular, management, community and home, environmental, vocational, cognitive and functional vision assessments.

D. It is critical to differentiate between visual acuity (physican's clinical measurement) and visual efficiency (learning channel of preference) in planning educational instruction.

E. It is important to provide students with severe hearing or vision impairments access to and choice between a hearing/vision culture and/or a deaf/blind culture. However, at no time must the student feel banished from either environmental culture.

F. There must be ample opportunity for the student with severe sensory impairments to vacillate between the two learning cultures selecting exemplary adult and peer role models.

G. Students with mild hearing and visual impairments should be enrolled in regular education programs with appropriate supports.

H. A quality "vision screening" program includes: visual acuity, hyperopia, near-point reading acuity, strabismus fusion and color discrimination.

I. Parental support and cooperation is vital for maximizing the benefits of an effective educational program.

J. Education programs must stress the social acceptance of students with hearing and/or visual impairments for proper development of self-concept and self-esteem.

K. Cooperation, organization, and coordination between regular and special education is essential for promoting a comprehensive educational program.

L. Hard-of-hearing students should be seated in the front of the class to hear the teacher better and read lips more effectively.

M. The instructor should speak at the lip reader's eye level.

N. Many teaching techniques for pupils without disabilities may also be appropriate for students with visual impairment(s).

O. Students with a hearing disability should be encouraged to listen to music and participate in vocal music activities; students with a visual disability should be

encouraged to draw and participate in "art-related" activities.

P. If a hearing impairment involves only one ear, or if the impairment is greater in one ear than in the other, the student should sit in a position so the better ear is toward the teacher.

Q. The student with visual difficulties should sit in a position to benefit from sunlight and proximity to the chalkboard.

R. The following areas should be considered when addressing best practices: curriculum, learning strategies, materials and equipment, classroom management, and the physical environment.

VI. Personnel:

A. Teachers:

1. Many of the instructional processes for educating hearing and visually impaired students will be shared between classroom teachers and support service (itinerant and resource) personnel.

2. Pre-school teachers should become aware of the early warning signs that identify students with mild to moderate hearing and visual impairment(s).

3. Receptive and expressive language, speechreading, and auditory and speech training are essential parts of the instructional process for students with hearing impairments.

4. Teachers should provide visual or auditory access to classroom information based on the limitations of the student.

5. It is essential to determine the critical instructional balance between entry level and expected curriculum skills.

6. Teachers should establish opportunities for incidental learning and regular feedback in the instructional paradigm.

7. Awareness of developmental immaturity permits teachers to structure lessons enhancing social adjustment by allowing students with sensory disabilities to accept responsibility, make informed decisions, develop self-confidence, demonstrate initiative, and expand the capacity for self-awareness.

8. Teachers should strive to provide a supportive classroom environment where all students with and without sensory disabilities can develop positive self-concept and self-esteem.

9. Students with disabilities should be querried about their personal feelings concerning opportunity for participation, classroom management, and the instructional process.

10. Body language/gestures, instructional pace, and control of oral delivery (voice quality and tone) are critical elements in the teaching-learning process.

11. The use of specialized instructional equipment must be considered in light of isolation and/or stigmatization affects.

12. Secondary teachers should be aware of those postsecondary educational institutions that provide specialized learning accommodations for students with sensory disabilities: interpreters, tutors, notetakers, and counselors.

B. Administrators:

1. Students (if they so desire) with sensory disabilities should be allowed to participate in all school activities (social, team, athletic, etc.) that do not endanger their health and safety.

2. The building administrator must ensure classrooms can accommodate the individualized needs of all students e.g., specialized instructional equipment.

3. The building principal should place students with sensory impairments in classrooms that enhance, rather than complicate, disabilities e.g., the classroom for a student with visual impairments should provide substantial window area; the classroom for a student with hearing impairments should have carpeted floors and acoustical tiles on the ceiling.

4. It is important that a building evacuation plan for emergency situations use various school personnel to alert and assist pupils with sensory impairments.

5. School personnel should receive inservice training opportunities concerning instructional and managerial needs of students with sensory disabilities.

6. Whenever possible, the building principal should participate in the development of the indivdualized education plan (IEP).

7. The school building and classrooms should be organized in a multidimensional manner where a wide variety of unique personal attributes and abilities may receive social recognition.

VII. Related Services

A. A multidisciplinary team for identification and assessment purposes and a transdisciplinary team for educational and therapeutic program implementation are recommended.

B. Medical, psychological, social, and educational evaluations are valuable in structuring a total educational program.

C. When necessary, an interpreter to translate and transliterate communication with the hearing impaired individiual is essential.

D. Vision and hearing specialists may function as consultants to the classroom teacher for supplemental assessment(s), monitoring of performance, coordination of activities, as well as, providing specialized materials, instruction and equipment/devices (hearing aids, large-print texts, phonic ears, braille machines, etc.).

E. Developing close working bonds and promoting positive public relations with local community agencies, organizations, centers, clubs, and associations are valuable assets to future community acceptance of students with severe sensory impairments.

F. Capitalize on resources and services from state and national agencies that promote the educational welfare of students with sensory impairments e.g., American Printing House for the Blind (APHB) and American Speech-Language-Hearing Association (ASHA).

G. Vision and hearing specialists are resources for the following: inservice staff training, information dissemination, student advocacy, initial referrals and periodic reassessments.

VIII. Transportation Services

A. Most students with sensory disabilities are capable of riding the school bus without major adaptations.

B. A school bus monitor or a "buddy system" may be an effective safety precaution for students with severe sensory impairments.

Resources:

Burgdorf, R. (Ed.) (1980). The legal rights of handicapped persons: Cases, materials, and text. Baltimore: Brookes.

McCoy, K., & Prehm, H. (1988). Teaching mainstreamed students: Methods and techniques. Denver: Love.

Meyen, E. & Skrtic, T. (Eds.). (1988). Exceptional children and youth: An introduction (3rd ed). Denver: Love.

Meyen, E., Vergason, G., & Whelan, R. (Eds.). (1988). Effective instructional strategies for exceptional children. Denver: Love.

KEY PROVISIONS OF PUBLIC LAW 94-142

1. Child Identification

   The local education agency is responsible for:

   (a) procedures insuring that all children, regardless of severity, are identified, located and evaluated;

   (b) a method of determining which children are currently receiving and which are not receiving special education and related services.

2. Full Services Goal and Timetable

   (a) Set a goal of "full educational opportunity" for persons B-21 (facilities, personnel, and services);

   (b) Set a detailed timetable for accomplishing the goal.

3. Due Process

   Before change in education services occurs, agency is required to provide written notification to parents in their native language. If this is not feasible, communication can be oral.

   Specific parental consent before evaluation prior to initial placement.

   Disagreements: parents/agency initiate a pre-hearing conference.

   Unresolved disputes: hearing officer makes decision, notifies all parties not later than 45 days after hearing receipt.

   Parents have a variety of options at the hearing.

4. Regular Parent or Guardian Consultation

   Local educational agency must make provision for participation of and consultation with parents or guardians of handicapped children.

   Consultation with individuals involved or concerned with the education of handicapped children.

5. Comprehensive Personnel Development

A description in annual planning of programs and procedures for:

(a) in-service training of general and special education instructional, related service and support personnel;

(b) procedures to insure personnel are qualified;

(c) procedures for information dissemination.

6. Non-Discriminatory Testing and Evaluation

(a) testing and evaluation materials used in placement must not be racially or culturally discriminatory;

(b) tests should reflect students' aptitude or achievement level rather than impairment(s);

(c) multi-disciplinary team evaluation: multi-assessment;

(d) re-evaluation at least every three (3) years.

7. Least Restrictive Environment

(a) to maximum extent appropriate, handicapped children are educated with children not handicapped;

(b) separate schooling or removal from regular educational environment only when severity is such that education in regular classes with the use of supplemental aids and services cannot be achieved satisfactorily;

(c) a continuum of alternative placements should be available.

8. Confidentiality of Data and Information

(a) parents have the right to inspect and review any educational records relating to their handicapped children;

(b) a record of parties having access to all educational records shall be kept (name, access data, purpose authorization);

(c) agency shall take safeguards to protect records (collection, storage disclosure process).

9. Individualized Education Plan

A written statement for a handicapped child that is developed and implemented by procedures.

(a) public agency providing special education in any form to a handicapped child must have a written IEP;

(b) IEP must be in effect at beginning of each school year for every special education child before services are provided;

(c) IEP Conference held to develop an appropriate educational program: school representative, special education teacher/regular education teacher, parents, the student, psychologist, parent advocate, referral agency representative, etc.

(d) At least an annual review;

(e) parents entitled to a copy;

(f) IEP is a legally binding contract.

10. Free Appropriate Public Education

(a) FAPE is defined under the law as special education and related services that must be offered at no charge to parents and at the public's expense. This is the responsibility of the local school district.

(b) Related services, among others, can mean specialized equipment, transportation, and non-institutional services.

11. Surrogate In Loco Parentis

(a) Each public agency shall insure that the rights of a child are protected when parents or guardian are either unknown or unavailable or when said child is a legal ward of the state;

(b) The selection of a surrogate by the public agency must be according to State Law;

(c) The responsibilities of the surrogate parent include: the identification, evaluation of educational placement, and insure a free, appropriate public education to the handicapped child.

12. Multi-Disciplinary Evaluation

(a) for the purpose of identifying a student suspected of having a learning disability;

(b) team membership shall consist of the regular classroom teacher and a professional qualified to conduct an individual diagnostic examination, ie., school psychologist, speech-language pathologist, or remedial reading teacher.

(c) criteria for determining a learning disability:

1. student is not achieving with age-appropoprate peers.

2. a severe discrepancy exists between achievement and intellectual ability in one or more of the following areas:

oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematical calculation or mathematical reasoning.

3. Severe discrepancy between achievement and intellectual ability due to a visual, hearing, or motor handicap, mental retardation, emotional disturbance, environmental, cultural, or economic disadvantage is NOT a criteria for a specific learning disability.

(d) Written report from the evaluation team on their observations and diagnostic assessments.